

**WEST SUBURBAN HEALTH GROUP**  
**RATE SAVER COMPARISON CHART July 1, 2014**

Effective 07-01-2014

red font indicates change or clarification	HARVARD PILGRIM HEALTH PLAN	BLUE CROSS BLUE SHIELD	TUFTS HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN
	HMO RATE SAVER	NETWORK BLUE NE OPTIONS TIERED NETWORK HMO RATE SAVER	EPO RATE SAVER (Navigator)	EPO RATE SAVER
BENEFIT	YOU PAY	YOU PAY	YOU PAY	YOU PAY
<b>Lifetime Benefit Maximum</b>	None	None	None	None
<b>Deductible - (Benchmark Plans only) applies to:</b> In-patient Admission; Out-patient Surgery; ER, High Tech Imaging (MRI, CT, & PET) and Diagnostic Tests & Procedures. Does not apply to office visits or pharmacy. Per plan year (July 1 to June 30) - See plan document for full details	None	None	None	None
<b>Out-of-Pocket (OOP) Maximum -</b> Once your out-of-pocket expenses for applicable services reaches this amount, you pay \$0 for remainder of plan year. NOTE: Prescription co-pays do not count towards the OOP maximum.	\$2,000 Individual \$4,000 Family per plan year	\$2,000 Individual \$4,000 Family per plan year	\$2,000 Individual \$4,000 Family per plan year	\$1,000 Individual \$2,000 Family per plan year
<b>Family Covered</b>	Spouse; dependents; and adult children up to age 26	Spouse; dependents; and adult children up to age 26	Spouse; dependents; and adult children up to age 26	Spouse; dependents; and adult children up to age 26
<b>Selection of Primary Care Physician (PCP)</b>	Member must select	Member must select	No selection required	Member must select
<b>Specialist Referrals</b>	PCP must refer	PCP must refer	No referral required	PCP must refer
<b>Providers of Service</b>	<b>HARVARD PILGRIM</b> providers except in emergencies	<b>HMO BLUE</b> providers in all 6 New England states except in emergencies  Hospital Tiers: Tier 1: Enhanced Tier 2: Standard Tier 3: Basic	<b>TUFTS HEALTH PLAN</b> providers except in emergencies	<b>**SELECT CARE</b> - An expansive network that includes physician practices, community-based hospitals and medical facilities across the Commonwealth. The network encompasses more than 17,000 providers and 50 hospitals.  <b>*DIRECTCARE</b> - A tailored network custom-built around several of the Commonwealth's premier provider groups and community-based hospitals.
<b>Pre-existing Conditions</b>	No restrictions	No restrictions	No restrictions	No restrictions

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INPATIENT				
<b>General Hospital/Mental Hospital/Substance Abuse Facility (semi-private room and board and ancillary services)</b>	\$250 copay	Enhanced: \$250 copay Standard: \$500 copay Basic: \$500 copay Out-of-state copay: \$250 NOTE-Mental Health/Substance Abuse copay \$250	Semi-private room & board & ancillary services Tier 1: \$150 copay Tier 2: \$250 copay NOTE-Mental Health/Substance Abuse copay \$150	\$250 copay per admission (\$1,000 out-of-pocket maximum) No co-pay or deductible for Mental Hospital/Substance Abuse Facility
<b>Physician Services</b>	Nothing	Nothing (Hospital copay applies)	Nothing	Nothing
<b>Skilled Nursing Facility</b>	\$250 copayment for each admission, up to 100 days per year	Nothing up to 100 days per year	Covered in full up to 100 days per plan year	\$250 copayment for each admission, up to 100 days per year
<b>Newborn Well Baby Care (Inpatient)</b>	Nothing	Nothing	Nothing	Nothing
OUTPATIENT				
<b>Emergency Room Visits for Emergency or Accident Care</b>	\$75 copay (Inpatient copay applies if admitted) in Service Area	\$75 copay (Inpatient copay applies if admitted)	\$75 copay (Inpatient copay applies if admitted)	\$75 copay (waived if admitted then Inpatient copay applies)
<b>Emergency Care in Doctor's Office</b>	n/a	n/a	n/a	n/a
<b>Outpatient Surgery in a Day Surgery facility or Hospital</b>	\$125 copay per outpatient surgery	Enhanced: \$150 copay Standard: \$250 copay Basic: \$250 copay Out-of-State copay \$150	\$125 copay per outpatient surgery	\$125 copay per outpatient surgery
<b>CT, MRI and Pet Scans</b>	Nothing	General Hospitals: Enhanced: \$75 copay Standard: \$150 copay Basic: \$150 Other Providers: \$75 copay	\$75 copay <b>Copay will not be charged when a member has a cancer diagnosis</b>	Nothing
<b>Hemodialysis</b>	Nothing	Nothing	Nothing	Nothing
<b>Physical Therapy</b>	\$20 copay (short-term); up to 90 consecutive days per condition	\$45 copay; up to 60 visits per calendar year	Speech and short-term PT/OT \$20 copay per visit; 30 visits per plan year	\$20 copay. PT / OT Max limit up to 60 visits per calendar year
<b>Office Visits Primary Care Physician</b>	\$20 copay per visit	Enhanced: \$15 copay Standard: \$25 copay Basic \$45 copay Out-of-state copay \$15	\$20 copay per visit	\$20 copay per visit
<b>Preventive OV - PCP</b>	Nothing	Nothing	Nothing	Nothing

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<b>Medical Care/Mental Health Care/Substance Abuse Care</b> ( <i>Mental Health copays excluded from OOP max</i> )	\$20 copay per visit	Enhanced: \$15 copay Standard: \$25 copay Basic: \$45 copay Out-of-state copay: \$15 NOTE: Mental Health Care copay \$15	\$20 copay per visit	\$20 copay per visit
<b>Office Visits Specialist</b>	\$35 copay per visit	\$45 copay per visit	\$35 copay per visit	\$35 copay per visit
<b>OB/GYN</b>	\$20 copay per visit	\$45 copay per visit	\$20 copay per visit	\$20 copay per visit
<b>GYN-Preventive Office visit</b>	Nothing	Nothing	Nothing	Nothing
<b>Diagnostic X-ray and Lab</b>	Nothing	Nothing	Nothing	Nothing
<b>Routine Vision Exam</b>	\$20 copay per visit; one visit per calendar year. \$0 copay for children under 5 years of age	\$0 copay; one visit every 24 months	\$20 copay per visit; one visit per <b>plan</b> year  Eyewear discounts available at participating providers	\$0 copay per visit; one visit every 12 months  <b>Eyewear discounts available at participating EYEMed providers</b>
<b>Pre-Admission Testing -</b>	Nothing	Nothing	Nothing	Nothing
<b>Maternity Care visits</b>	Nothing	Nothing	<b>Nothing for prenatal and postnatal outpatient care</b>	Prenatal: \$20 copay first visit only; Post natal: \$20 copay per visit
<b>Dental Services</b>	<b>Children under age 12</b> - Preventative dental when authorized by PCP; up to two exams per calendar year, including cleaning, fluoride treatment and x-rays. Initial emergency treatment (within 72 hours of injury) necessary to repair oral injuries. Extraction of impacted teeth.	No coverage	<b>Children under age 12</b> ; Preventative dental, periodic oral exam, cleaning, fluoride treatment once every six months. X-rays: Full mouth once every five years, bitewing x-rays once every six months, and periapicals as needed. MUST use participating dentist. <b>Emergency Services - LIMITED TO X RAYS AND EMERGENCY ORAL SURGERY or OFFICE VISIT COPAY WILL APPLY</b>	<b>Family dental coverage:</b> \$10 copay for exam, cleaning, x-rays every 6 months. Variable copays for minor restorative (fillings). 25 - 50% discount available for sealants, crowns and inlays, bridges, root canals, gingivectomies and dentures. Must use participating dentists.

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OTHER FEATURES				
<b>Private Duty Nursing</b> (only when medically necessary)	Nothing when medically necessary	Nothing when medically necessary	Nothing when medically necessary	Nothing when medically necessary
<b>Home Health Care</b>	Nothing	Nothing	Nothing	Nothing
<b>Hospice Care</b>	Nothing	Nothing	Nothing	Nothing
<b>Durable Medical Equipment</b>	20% of HPHC cost	20% coinsurance  Prosthetics covered in full	80% Covered	Nothing  20% coinsurance for prosthetic limbs which replace, in whole or in part, an arm or leg.
<b>Ambulance</b>	Nothing when medically necessary	Nothing when medically necessary	Nothing when medically necessary	Nothing when medically necessary
<b>Radiation Therapy</b>	Nothing	Nothing	Nothing	Nothing
<b>Chemotherapy</b>	Nothing	Nothing	Nothing	Nothing
<b>Chiropractor Visits</b>	\$35 copay per visit. 12 visit maximum per calendar year	\$45 copay per visit. 12 visits maximum per calendar year	\$20 copay per visit; up to 12 visits per calendar year	\$20 copay per visit; up to 12 visits per calendar year.
<b>Prescription Drugs</b> (Inpatient drugs paid in full)  Co-pays do not count towards OOP Maximum	<b>Retail Pharmacy:</b> Tier 1: \$10.00 copay Tier 2: \$25.00 copay Tier 3: \$45.00 copay (up to a 30-day supply) <b>Mail Order: (90 day supply)</b> Tier 1: \$20.00 copay Tier 2: \$50.00 copay Tier 3: \$90.00 copay	<b>Retail Pharmacy:</b> Tier 1: \$15.00 copay Tier 2: \$30.00 copay Tier 3: \$50.00 copay (up to a 30-day supply) <b>Mail Order: (90 day supply)</b> Tier 1: \$30.00 copay Tier 2: \$60.00 copay Tier 3: \$100.00 copay	<b>Retail Pharmacy:</b> Tier 1: \$10.00 copay Tier 2: \$25.00 copay Tier 3: \$45.00 copay (up to a 30-day supply) <b>Mail Order: (90 day supply)</b> Tier 1: \$20.00 copay Tier 2: \$50.00 copay Tier 3: \$90.00 copay	<b>Retail Pharmacy:</b> Tier 1: \$10.00 copay Tier 2: \$25.00 copay Tier 3: \$45.00 copay (up to a 30-day supply) <b>Mail Order: (90 day supply)</b> Tier 1: \$20.00 copay Tier 2: \$50.00 copay Tier 3: \$90.00 copay

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<b>BENEFIT</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
<b>Fitness Benefit</b>	<b>Reimbursement</b>	<b>Reimbursement</b>	<b>Reimbursement</b>	<b>Reimbursement</b>
	<p>Fitness reimb up to <b>\$150</b> per subscriber at a Health &amp; Fitness club per calendar year. Must be an active member of HPHC for at least 4 months and an active member of the health facility for at least 4 months. See plan materials for details. Discounts at IFCN-affiliated clubs. Discount at Weight Watchers®</p>	<p>Up to <b>\$300</b> reimbursement toward membership or exercise classes at a health club. See plan materials for details. Enroll in a qualified Weight Watchers® or hospital based weight loss program and receive up to \$150 per calendar year toward your program fees.</p>	<p>Fitness reimb up to <b>\$150</b> per subscriber at a Health &amp; Fitness club, <b>including exercise classes</b> per calendar year. See plan materials for details.</p> <p><b>JENNY CRAIG DISCOUNTS - FREE 30 DAY PROG - 25% OFF A PREMIUM/METABOLIC PROG</b></p> <p><b>NUTRISYSTEM DISCOUNT: -12% DISCOUNT OFF CURRENT PROMO - CORE OR SELECT PROGRAM</b></p>	<p>It Fits! Program reimburses families on Select Care up to <b>\$400</b> per family contract (<b>\$200</b> for individual contracts) and Direct Care members up to <b>\$500</b> per family contract (<b>\$250</b> for individual contracts) to use toward health club memberships, Pilates, Yoga classes Weight Watchers® programs, and local, school sports programs and now fitness related equipment. The equipment must be new, purchased from a retail store and not Craig's List or EBay. Other discounts also available. See plan materials for details.</p>

\* **Fallon DirectCare** - Members now have access to Acton Medical Associates, Charles River Medical Associates and Southboro Medical Group, Fallon Clinic, Highland Healthcare Associates IPA, Lahey Clinic, Lawrence General IPA, Lowell General PHO, Mount Auburn Cambridge IPA, and Northeast PHO.

\*\***FCHP SelectCare** - Members have access to FCHP Clinic providers, as well as hundreds of private practice physicians in Central, Northern, Eastern and Southeastern, Massachusetts.